

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:  
My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## PRINTING CONTROL APPARATUS AND METHOD

the specification of which  
[ ] is attached hereto. [X] was filed on December 18, 1996 as  
Application No. 08/768,579 and was amended on \_\_\_\_\_  
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Priority Claimed</u> (Yes/No)
JAPAN	7-335045	22/12/1995	Yes
JAPAN	7-337281	25/12/1995	Yes
JAPAN	8-202584	31/07/1996	Yes

I hereby appoint Joseph M. Fitzpatrick (Registration No. 17,398), Lawrence F. Scinto (Registration No. 18,973), William J. Brunet (Registration No. 20,452), Robert L. Baechtold (Registration No. 20,860), John A. O'Brien (Registration No. 24,367), John A. Krause (Registration No. 24,613), Henry J. Renk (Registration No. 25,499), Peter Saxon (Registration No. 24,947), Anthony M. Zupcic (Registration No. 27,276), Charles P. Baker (Registration No. 26,702), Stevan J. Bosses (Registration No. 22,291), Edward E. Vassallo (Registration No. 29,117), Ronald A. Clayton (Registration No. 26,718), Lawrence A. Stahl (Registration No. 30,110), Laura A. Bauer (Registration No. 29,767), Leonard P. Diana (Registration No. 29,296), David M. Quinlan (Registration No. 26,641), Nicholas N. Kallas (Registration No. 31,530), William M. Wannisky (Registration No. 28,373), Lawrence S. Perry (Registration No. 31,865), Robert H. Fischer (Registration No. 30,051), Christopher Philip Wrist (Registration No. 32,078), Gary M. Jacobs (Registration No. 28,861), Michael K. O'Neill (Registration No. 32,622), Bruce C. Haas (Registration No. 32,734), Scott K. Reed (Registration No. 32,433), Scott D. Malpede (Registration No. 32,533), Fredrick M. Zullof (Registration No. 32,452), Richard P. Bauer (Registration No. 31,588), Warren E. Olsen (Registration No. 27,290), Abigail F. Cousins (Registration No. 29,292), Steven E. Warner (Registration No. 33,326), Thomas J. O'Connell (Registration No. 33,202), Aaron C. Deditch (Registration No. 33,865), Penina Wollman (Registration No. 30,816), David L. Schaeffer (Registration No. 32,716), Jack S. Cubert (Registration No. 24,245), Mark A. Williamson (Registration No. 33,628), John T. Whelan (Registration No. 32,448), Jean K. Dudek (Registration No. 30,938), Raymond R. Mandra (Registration No. 34,382), Dominick A. Conde (Registration No. 33,856), Steven C. Bauman (Registration No. 33,832), Pasquale A. Razzano (Registration No. 25,512), John W. Behringer (Registration No. 23,086), Robert C. Kline (Registration No. 17,739), Benjamin C. Hsing (Registration No. 34,528), Mark J. Itri (Registration No. 36,171), William C. Hwang (Registration No. 36,169), Karin L. Williams (Registration No. 36,721), Michael P. Sandomato (Registration No. 35,345), Jack M. Arnold (Registration No. 25,823), John D. Carlin (Registration No. 37,292), Daniel S. Glueck (Registration No. 37,838), Victor J. Geraci (Registration No. 38,157), John J. Cotter (Registration No. 38,116), Joseph W. Ragusa (Registration No. 38,586), Brian L. Klock (Registration No. 36,570), Anne M. Maher (Registration No. 38,231), and William J. Zak, Jr. (Registration No. 38,668) my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to:

**Fitzpatrick, Cella, Harper & Scinto**  
277 Park Avenue  
New York, N.Y. 10172  
Telephone No. (212) 758-2400

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Takahiro MORO  
Inventor's signature Takahiro Moro  
Date February 6, 1997 Citizen/Subject of Japan  
Residence 17-37-202, Honcho, Wako-shi, Saitama-ken, Japan  
Post Office Address c/o CANON KABUSHIKI KAISHA,  
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Second Joint Inventor, if any Koji YAMADA  
Second Inventor's signature Koji Yamada  
Date February 7, 1997 Citizen/Subject of Japan  
Residence c/o Canon Daisan Aobadai-ryo, 19-3, Aobadai  
1-chome, Aoba-ku, Yokohama-shi, Kanagawa-ken, Japan  
Post Office Address c/o CANON KABUSHIKI KAISHA,  
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Third Joint Inventor, if any \_\_\_\_\_  
Third Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full Name of Fourth Joint Inventor, if any \_\_\_\_\_  
Fourth Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full Name of Fifth Joint Inventor, if any \_\_\_\_\_  
Fifth Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_